



DATE: _____

PAYMENT VOUCHER

PAY TO: _____

AMOUNT REQUESTED:

ADDRESS: _____

\$ _____

CITY/ST/ZIP: _____

DESCRIPTION: _____

SIGNED: _____
(Staff Member)

APPROVED: _____
(Building Principal or Supervisor)

ACCOUNT
NUMBER: _____

APPROVED: _____
(Director or District Administrator)

*Attach **COPIES** (not originals) of itemized receipts
Sales tax will not be reimbursed*

Updated 7/2022

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